

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 8/26/04

2 Serial/Patent # 10/733,442

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

Filing

\$

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

☒ Petition

5/19/04

\$ 130.00

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$

8 TO BE REFUNDED BY: 130.00

10 REASON:

Overpayment

Duplicate Payment

☒ No Fee Due (Explanation):

☒ Treasury Check

Credit Deposit A/C #:

9 15--0030

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: CHARLENA GRANT

TITLE: Attorney

SIGNATURE: Charlene Grant

PHONE: 306-0261

OFFICE: Autonomous

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: [Signature]

DATE: 8/27/04

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B